

SERFF Tracking Number:	HHRN-126015941	State:	Arkansas
Filing Company:	Household Life Insurance Company	State Tracking Number:	41445
Company Tracking Number:	08-005		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Reinstatement Application		
Project Name/Number:	/		

Filing at a Glance

Company: Household Life Insurance Company

Product Name: Reinstatement Application

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: HHRN-126015941 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41445

Co Tr Num: 08-005

State Status: Approved-Closed

Co Status: Pending

Reviewer(s): Linda Bird

Authors: Joanne Schaffeld, MiloslavDisposition Date: 02/05/2009

Dait

Date Submitted: 02/03/2009

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filing in the state of domicile, Michigan.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/05/2009

State Status Changed: 02/05/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner:

On behalf of Household Life Insurance Company, we are submitting a reinstatement application for your review and approval. The enclosed form is new and does not replace any previously approved form. This application would be used with any individual Term or Whole Life policy approved by the Department. It may be available and completed in paper format, electronically, via internet or telesales. The telesales method will utilize a system for recording the telephone

SERFF Tracking Number:	HHRN-126015941	State:	Arkansas
Filing Company:	Household Life Insurance Company	State Tracking Number:	41445
Company Tracking Number:	08-005		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Reinstatement Application		
Project Name/Number:	/		

conversion and application process and provide a method for electronic signature utilizing an electronic sound, symbol, or process that will be attached to, or logically associated with, a contract or other record. The telephone conversations will be recorded and stored electronically and can be readily accessed.

The internet channel will use an electronic signature process and technology that will allow customers to review and sign their applications online electronically. The Company has systems in place to ensure security and to ensure that the privacy of the applicant is protected. The online application, when printed, will have the exact text as the paper version of the application form filed and approved with your Insurance Department.

We request approval of bracketed information on a variable basis to reflect different account information. A statement of variability is enclosed. The Company provides its assurance that no changes to the text other than correction of typographical errors will be made to the forms without re-filing them with you. Please note that we may change the appearance and pagination, but not the text of these forms to comply with future changes in print systems. No font will be less than a 10-point font size. The color and/or weight of the paper on which these forms are printed may change.

This application is exempt from filing in the company's state of domicile, Michigan

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions regarding the enclosed submission, please do not hesitate to contact me at 1-800-443-7187, extension X2213.

Company and Contact

Filing Contact Information

Joanne Schaffeld, Manager	jmschaffeld@household.com
200 Somerset Corp. Blvd	(908) 203-2213 [Phone]
Bridgewater, NJ 08807	(908) 203-4230[FAX]

Filing Company Information

Household Life Insurance Company	CoCode: 93777	State of Domicile: Michigan
500 Woodward Ave.	Group Code: 352	Company Type:
Suite 4000		

<i>SERFF Tracking Number:</i>	<i>HHRN-126015941</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Household Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41445</i>
<i>Company Tracking Number:</i>	<i>08-005</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Reinstatement Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Detroit, MI 48226	Group Name:	State ID Number:
(800) 443-7187 ext. [Phone]	FEIN Number: 38-2341728	

<i>SERFF Tracking Number:</i>	<i>HHRN-126015941</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Household Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41445</i>
<i>Company Tracking Number:</i>	<i>08-005</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Reinstatement Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Household Life Insurance Company	\$20.00	02/03/2009	25467936

SERFF Tracking Number:	HHRN-126015941	State:	Arkansas
Filing Company:	Household Life Insurance Company	State Tracking Number:	41445
Company Tracking Number:	08-005		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Reinstatement Application		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/05/2009	02/05/2009

<i>SERFF Tracking Number:</i>	<i>HHRN-126015941</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Household Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41445</i>
<i>Company Tracking Number:</i>	<i>08-005</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Reinstatement Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 02/05/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HHRN-126015941	State:	Arkansas
Filing Company:	Household Life Insurance Company	State Tracking Number:	41445
Company Tracking Number:	08-005		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Reinstatement Application		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	EOV/SOV		Yes
Supporting Document	Cover Letter		Yes
Form	Application		Yes

SERFF Tracking Number:	HHRN-126015941	State:	Arkansas
Filing Company:	Household Life Insurance Company	State Tracking Number:	41445
Company Tracking Number:	08-005		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Reinstatement Application		
Project Name/Number:	/		

Form Schedule

Lead Form Number: HLI-1-196-0808

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	HLI-1-196-0808	Application/ Enrollment Form	Initial			HLIC Reinstatement Application.pdf

HOUSEHOLD LIFE INSURANCE COMPANY

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425
Administrative Office: 200 Somerset Corporate Blvd., P.O. Box 6989, Suite 100, Bridgewater, NJ 08807
Toll Free 800-443-7187 www._____]

APPLICATION FOR REINSTATEMENT OF LIFE INSURANCE POLICY

Policy Number: 12345

Name of Owner (if different from Insured): John Doe

Name of Insured: Mary Doe

Height (feet and inches): 5'4 Current Weight (lbs): 135 Date of Birth: 01/26/53

Application is made for reinstatement of the above numbered policy which lapsed by failure to pay premium due.

Statement of insurability to be completed by Insured person:

1. In the past 12 months have you used tobacco or nicotine in any form? ☐Yes ☐No
2. In the past 10 years, have you been advised to have treatment for, or have you been treated for or consulted a physician or other practitioner for any of the following: heart or coronary artery disease or disorder, stroke, peripheral vascular disease, cancer, diabetes, hepatitis C, cirrhosis, pancreas disease or disorder, emphysema or chronic lung or pulmonary disease (COLD or COPD), alcohol or drug use? ☐Yes ☐No
3. In the past 5 years, have you been hospitalized for the following: chest pain, high blood pressure, asthma, depression, manic-depression, other mental or nervous system disorder, connective tissue disease, paralysis, seizure, anemia, or kidney or liver disease or disorder (excluding kidney stones)? ☐Yes ☐No
4. In the past 2 years, have you had your driver's license revoked, suspended or been convicted of reckless driving, driving without a valid license or for driving while under the influence of alcohol or drugs (DWI, DUI)? Or have you had more than 2 moving violations in the past 12 months? [Or have you been convicted of a felony?] ☐Yes ☐No
5. In the past or next 12 months, have you engaged in or do you plan to engage in risky activities, extreme sports or have you flown a plane other than as a commercial airline pilot? Or are you engaged in a hazardous occupation that exposes you to the risk of loss of life? ☐Yes ☐No
6. Have you been diagnosed as having AIDS, AIDS Related Complex (ARC), or any other disorder of your immune system or have you had a positive HIV test? ☐Yes ☐No
7. Are you currently hospitalized, or in the past 12 months have you either been hospitalized for 5 or more consecutive days, or were you unable to work for more than 5 consecutive days other than for childbirth? Or have you been advised to have, or are you awaiting results of non routine medical tests or procedures? ☐Yes ☐No

[Payment Method]

☐ Charge my Credit Card ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
 Account # _____ Exp. Date _____

☐ Debit my account Bank Name _____ Account # _____
 ABA Number _____ Type _____
 (first 9 numbers in the lower left-hand corner of your check)

☐ Certified Check/Money Order Enclosed Total Premium Enclosed/Due \$ _____]

[Fraud Notice]

Notice to residents of Arkansas, Kentucky, Ohio and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files a request for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Notice to residents of the District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to residents of New Jersey: Any person who includes any false or misleading information on a request for an insurance policy is subject to criminal and civil penalties.

Notice to residents of Louisiana, New Mexico and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial for insurance benefits.

Notice to residents of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to residents of Oklahoma: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

Medical Information Bureau (MIB) Pre-Notice:

[Information regarding your insurability will be treated as confidential. Household Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Household Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com]

Authorization & Signing

I hereby authorize any health plan, licensed physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy, pharmacist, druggist, medical facility, VA facility, the Medical Information Bureau (MIB), any other health care provider, employer, insurance company, union welfare fund, public or private agency, consumer reporting agency, worker's compensation carrier, Motor Vehicle Agency, and any other person or organization that has provided payment, treatment or services to me or on my behalf (My Providers) to give any and all information relating to my health (except psycho-therapy notes) and my insurance policies and claims to Household Life Insurance Company and any and all affiliates and subsidiaries, their agents, employees, representatives and any persons providing services to them (the "Company").

I hereby acknowledge that the information released will be used and disclosed so the Company may:

- 1) underwrite my insurance reinstatement application, make eligibility, risk rating, policy reinstatement, and enrollment determinations;
- 2) obtain reinsurance;
- 3) administer claims and determine or fulfill any coverage obligations and provide any applicable benefits;
- 4) administer coverage; and
- 5) conduct other legally permissible activities relating to any coverage I have or have applied for with the Company.

I understand all or part of the information collected may be disclosed to MIB and any reinsurance companies with which the Company does business, and any other insurance company with which the insured may have insurance. Information may also be disclosed to persons performing business or legal functions for the Company. The Company may also disclose information to prevent fraud or misrepresentations or when required by subpoena or by court or governmental order.

I understand that if I refuse to sign this authorization, Household Life Insurance Company will not be able to process my application. I understand that I may revoke this authorization by notifying Household Life Insurance Company in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any affect on actions already taken by Household Life Insurance Company in reliance on this authorization and may result in this application or a claim being denied. I understand that a copy of this authorization will be included in my policy.

I understand that the information described herein and disclosed to Household Life Insurance Company is protected by certain federal privacy regulations. Once Household Life Insurance Company discloses this information, as allowed in this Authorization, the information may no longer be subject to federal privacy regulations. I understand, however, that Household Life Insurance Company requires the entities listed above with whom it shares this information to enter into confidentiality agreements prohibiting the re-disclosure of this information except as allowed herein.

I understand that the coverage shall be in effect as of the date of this reinstatement if and only if the proposed insured is accepted as an insurable risk by the company for reinstatement purposes at this time and all overdue premiums are paid with interest as stated in the policy. For purposes of this reinstatement, the reinstated policy will be incontestable after it has been in force during the Insured's lifetime for two years from the date of reinstatement, except for non-payment of premiums.

By signing your name and date below, you agree: (1) that you have read and fully understand all the questions, answers and statements given in this application; (2) that the statements and answers on this application are full, complete and true to the best of your knowledge; (3) you intend to form a legally binding contract; (4) this authorization is valid for [two and one-half years] from this application date; and (5) a printout of the terms stated above will constitute a "writing" under any applicable law or regulation.

Insured's Signature

Date

[_____
Owner's Signature (if different from Insured)

Date

]

HLI-1-196-0808

[Notice Regarding Information Practices

To issue an insurance policy, we need to obtain information about you and any other persons proposed for insurance. Some of that information will come from you. Some will come from other sources. That information and any information collected by us later may, in certain circumstances, be disclosed to third parties without your specific permission. You have a right to access and correction with respect to the information collected about you.]

<i>SERFF Tracking Number:</i>	<i>HHRN-126015941</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Household Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41445</i>
<i>Company Tracking Number:</i>	<i>08-005</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Reinstatement Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	HHRN-126015941	State:	Arkansas
Filing Company:	Household Life Insurance Company	State Tracking Number:	41445
Company Tracking Number:	08-005		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Reinstatement Application		
Project Name/Number:	/		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	EOV/SOV	02/03/2009
Comments:		
Attachment:		
Generic SOV.pdf		

	Review Status:	
Satisfied -Name:	Cover Letter	02/03/2009
Comments:		
Attachment:		
HLIC Cover Letter.pdf		

REINSTATEMENT APPLICATION
Explanation of Variable Areas

Form HLI-1-196-1108

First Page

- Company addresses, website and phone number may be changed as required.
- Page numbering may be subject to change.
- John Doe information is included in the form.
- Policy number

Underwriting Information

Company may remove this question if it becomes able to check criminal record without asking this question

Payment Method Information:

The following Payment captions will be available to applicants and bracketed information will either be displayed, rearranged or deleted depending upon plan design.

- ☐ Charge my Credit Card ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Account # _____ Exp. Date _____
- ☐ Debit my account Bank Name _____ Account # _____
ABA Number _____ Type _____
(first 9 numbers in the lower left-hand corner of your check)
- ☐ Certified Check/Money Order Enclosed Total Premium Enclosed/Due \$_____]

Fraud Warnings:

The fraud notice applicable to the state will appear. The fraud warning language will be revised as required according to state law.

MIB Notice:

The MIB notice is bracketed to allow for revision without refiling due to mandated changes by MIB.

Authorization:

The authorization will be valid for two and one-half years or will be revised to conform to the time period required by state law.

Owner Signature and date

This signature and date block will be included when the Owner of the policy is someone other than the applicant.

Notice of Information Practices

Notice language is not part of the application and may be shown at the bottom of the application or as a separate document. Notice may be revised without refiling, but will always conform to state law.



January 12, 2009

RE: Reinstatement Application – HLI-1-196-0808

Dear Commissioner:

On behalf of Household Life Insurance Company, we are submitting a reinstatement application for your review and approval. The enclosed form is new and does not replace any previously approved form. This application would be used with any individual Term or Whole Life policy approved by the Department. It may be available and completed in paper format, electronically, via internet or telesales. The telesales method will utilize a system for recording the telephone conversation and application process and provide a method for electronic signature utilizing an electronic sound, symbol, or process that will be attached to, or logically associated with, a contract or other record. The telephone conversations will be recorded and stored electronically and can be readily accessed.

The internet channel will use an electronic signature process and technology that will allow customers to review and sign their applications online electronically. The Company has systems in place to ensure security and to ensure that the privacy of the applicant is protected. The online application, when printed, will have the exact text as the paper version of the application form filed and approved with your Insurance Department.

We request approval of bracketed information on a variable basis to reflect different account information. A statement of variability is enclosed. The Company provides its assurance that no changes to the text other than correction of typographical errors will be made to the forms without re-filing them with you. Please note that we may change the appearance and pagination, but not the text of these forms to comply with future changes in print systems. No font will be less than a 10-point font size. The color and/or weight of the paper on which these forms are printed may change.

This application is exempt from filing in the company's state of domicile, Michigan

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions regarding the enclosed submission, please do not hesitate to contact me at 1-800-443-7187, extension X2213.

Sincerely,

A handwritten signature in black ink that reads "Joanne Schaffeld".

Joanne Schaffeld
VP, Product Filings & Regulatory Review